

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name David Stephen Holland
Full Address P.O. Box 2 Plantersville, MS. 38862
Telephone 662-840-5000 (Fax) 662-840-5606
E-mail hollandfuneraldirectors@comcast.net
Office Sought State Rep Political Party Democrat



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. Candidates shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed by the deadline. Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the day before the deadline. If on a weekend or a holiday, the office must be in actual receipt of the required reports before the deadline. Faxed reports are acceptable.

HD16

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | (itemized + non-itemized) | This Period | Calendar year-to-date |
|-------------------------------|---------------------------|--------------|-----------------------|
| Total amount of contributions | \$12,250 ⁰⁰ | \$ 12,250 | \$ 12,250.00 |
| Total amount of disbursements | \$1,895 ⁰⁰ | \$ 10,722.74 | \$ 12,617.74 |
| Total amount of cash on hand | | \$ 27,751.31 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/29/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee D. Stephen Holland Page _____ of _____
 Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Check into Cash of Mississippi</u> | | <u>4/16/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 550</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Cleveland, TN 37364-0550</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Wyeth Good Government Fund</u> | | <u>6/3/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>Five Giralda Farms</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Madison, N.J. 07940</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>John P. Fullenwider</u> | | <u>6/18/09</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Box 2020</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Oxford, MS. 38655</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Bayer</u> | | <u>9/2/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>100 Bayer Road</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Pittsburg, PA. 15205-9741</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee D. Stephen HollandReporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>TYSON</u> | | <u>8/3/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 2020</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Springdale, Arkansas</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Medco Health Solutions, Inc.</u> | | <u>9/10/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>100 Parsons Pond Drive</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Franklin Lakes, N.J. 07417-2603</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AT+T-Mississippi P.A.C.</u> | | <u>9/18/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>175 E. Capital St. Landmark Center</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Jackson, Ms. 39201</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Merck + Company, Inc.</u> | | <u>10/14/09</u> | \$ <u>500.00</u> |
| Mailing Address | | <u>___/___/___</u> | \$ |
| City, State, Zip Code | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee D. Stephen HollandReporting period Jan. 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Baker, Donelson, Bearman, Caldwell & Berkowitz</u> | | <u>10/22/09</u> | \$ <u>200.00</u> |
| Mailing Address <u>2000 First Tennessee Bldg.</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Memphis, TN. 38103</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>ABBOTT Laboratories - P.A.C.</u> | | <u>10/23/09</u> | \$ <u>350.00</u> |
| Mailing Address <u>100 Abbott Park Road</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Abbott Park, IL. 60064-6028</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>ALTRIA Client Services</u> | | <u>10/30/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>6601 West Broad Street</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Richmond, Va. 23230</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Astra Zeneca (Zeneca, Inc.)</u> | | <u>11/12/09</u> | \$ <u>700.00</u> |
| Mailing Address <u>1800 Concord Pike, P.O. Box 15437</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Wilmington, DE 19850-5437</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee D. Stephen Holland
 Reporting period Jan. 1, 2009 through Dec. 31, 2009

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ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Ms Association for Homecare</u> | | <u>12/1/09</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>134 Fairmont St. Suite B</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Clinton, Ms 39056</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Americochoice Health Services, Inc.</u> | | <u>12/14/2009</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Box 1459</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Minneapolis, MN 55440-1459</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>General Electric Company</u> | | <u>11/30/09</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Box 9544</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>Fort Myers, FL 33906-9544</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Centene Management Company LLC</u> | | <u>12/10/09</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>Centene Corporation</u> | | <u>___/___/___</u> | \$ |
| City, State, Zip Code <u>St. Louis, MO 63105</u> | | <u>___/___/___</u> | \$ |
| Name of Employer (Required) | | <u>___/___/___</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee D. Stephen Holland
 Reporting period _____ through _____

Page _____ of _____

ITEMIZED RECEIPTS

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|------------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Optometry for Progress</u> | | <u>12/15/2009</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>141 Executive Drive Suite 5</u> | | ___/___/___ | \$ |
| City, State, Zip Code <u>Madison, MS 39110</u> | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Rob Wells</u> | | <u>12/22/09</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>226 Westfield Road</u> | | ___/___/___ | \$ |
| City, State, Zip Code <u>Ridgeland, MS 39157</u> | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | ___/___/___ | \$ |
| Mailing Address | | ___/___/___ | \$ |
| City, State, Zip Code | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | ___/___/___ | \$ |
| Mailing Address | | ___/___/___ | \$ |
| City, State, Zip Code | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

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Name of Candidate or Committee Steve Holland
 Reporting period 01-09 through 12-31-09

ITEMIZED DISBURSEMENTS

| | | |
|------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|
| A. Full name <u>The Grill Riverbrot</u> | Date (Mo., Day, Year) <u>09/13/09</u> | Amount of each disbursement this period \$ <u>595.00</u> |
| Mailing Address | | |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) <u>Donation</u> | Aggregate Year-to-date | \$ |
| B. Full name <u>allie collins</u> | Date (Mo., Day, Year) <u>8/11/09</u> | Amount of each disbursement this period \$ <u>300.00</u> |
| Mailing Address | | |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) <u>TV Production</u> | Aggregate Year-to-date | \$ |
| C. Full name <u>V Pac</u> | Date (Mo., Day, Year) <u>10/07/09</u> | Amount of each disbursement this period \$ <u>1,000.00</u> |
| Mailing Address | | |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) <u>Donation</u> | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |